**Treatment of fathers within public services**

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**What is the issue / problem?**

Maternity, child and family support services do not routinely engage with fathers. This means that opportunities to improve outcomes for children, mothers and fathers may be lost. Poor outcomes include family breakdown, and problems with physical and mental health experienced by a significant number of mothers (from smoking during pregnancy through neonatal health and PND, domestic abuse and longer term poverty). Fathers are more likely to suffer PND mental and physical poor health. Lack of father involvement is also associated with social exclusions and deprivation.

There are plenty of examples of good practice across the country and have been for over 20 years, but these have not been integrated into mainstream delivery. Failure to engage with fathers is a systemic and cultural issue. Support is either patchy or limited in coverage. Challenges also arise in a context of changing models of service provision, resource constraints and professional training needs. There is also an unconscious bias when delivering family services to identify the mother child relationship as being more important than the family dynamic. There is a failure to understand the resource that fathers bring to families and a failure to effectively assess and manage the potential risk of fathers and father figures.

**Where are we trying to get to?**

* All maternity, child and family support services understand the need to engage with fathers. Engagement is not seen as an additional component of service delivery but is part of core business.
* Data about young men as fathers are collected, analysed and used in performance management of services.
* Evaluation of small and larger scale programmes is routinely conducted to inform evidence based and outcome focused commissioning.

**How do we get there?**

Currently, research evidence exists on the benefits of services engaging early with fathers. For some services there is best practice guidance but this is not systematically implemented, nor are examples of good practice identified and shared. Translation of evidence into mainstream practice will not be achieved without systemic change that prioritises fathers and influences commissioning and relevant performance management.

Change would be driven by;

* + - * All organisations acknowledging the benefits of father involvement in a proactive and routine way,
* More effective training, which explores how parenting is gendered in relevant accredited and approved vocational courses in both pre-registration training and CPD.
* Inspection criteria that focuses on the gendered nature of parenting,
* Commissioning of maternity, child and family support services to be informed by appreciation of gender in terms of objectives and outcomes,
* All commissioned services taking account of guidance from authoritative national bodies and engaging in routine data collection that disaggregates between mothers and fathers as part of the contract. The voluntary sector does not currently provide long-term sustainable support and continues to sideline the work into extraneous practice,
* The integration of learning and impact from targeted programmes into mainstream services, to change culture and ensure sustainability in mainstream services.

**Services across parenting journeys**

The framework outlined below maps a range of mainstream public services that are illustrative of those that fathers might come into contact with. Key public services identified in the Following Young Fathers research and other studies include maternity services, education and early years settings, custody and housing support (Tarrant and Neale, 2017). The child protection system and services supporting men with domestic abuse are also key areas where fathers are encountered and worked with. Early intervention with all fathers is essential and should be universally available.

Where fathers are vulnerable, effective early engagement can support them to develop their identities as a father, to adapt their daily practices, and to build confidence in caring for their children. As an example, it is recognised that there is limited dedicated support for young fathers during pregnancy. The period following conception is described as one of the key points at which intervention is most effective (Cundy, 2015), however, some universal maternity services have been found to exclude fathers.

**Maternity services**

The Royal College of Midwives has produced documents on good practice including:

1. Reaching out: involving fathers in maternity care. Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, Fatherhood Institute and Department of Health. 2011.
2. Top Tips for involving fathers in maternity care. RCM, RCOG, FI and DH.
3. Getting maternity services right for pregnant teenagers and young fathers. RCM, Public Health England and DH. 2016

Where are we trying to get to?

* Guidance that recognises the need to engage fathers needs to be systematically included in pre- and post qualification training. There are plenty of other valuable resources but these are not systematically included in pre- or post qualification training so they do not filter into everyday practice. Consideration of young fathers is the exception rather than the rule. Similarly the Institute of Health Visiting has produced good practice points for health visitors.
* Fathers must be routinely included in practice. Practitioners need to understand the importance and value of including fathers for mothers, children and fathers themselves,
* Data that is routinely collected in practice so that inclusive practice can be performance managed. Engagement with fathers needs to be included in the inspection criteria of services. Commissioners need to understand the impact that fathers have on outcomes for young fathers and their families and include inclusive practice within their specifications.

Good practice example;

* The maternity unit at University Hospital of North Staffordshire NHS Trust is now more father-inclusive.
* Time is spent preparing expectant fathers so they can adopt an active role during the birth of their infant.
* Antenatal education classes are available on Sunday afternoons and evenings to fit round fathers’ working lives and avoid the football fixtures. Parking is also easier at these times.
* This has led to a reduction in the number of women being admitted in the early latent phase and as they are managing to cope confidently at home with their partner’s support and has meant a lot less work for busy midwives.

**Family Nurse Partnership (FNP)**

Support for young fathers is not yet universal within the Family Nurse Partnership but there is evidence that where fathers have been engaged it can be effective. As a note of caution the FNP is one of the few services commissioned specifically to work with mothers. There is scope for it to support fathers if it is targeted at parents.

* As the largest evidence-based family intervention programme (Ferguson, 2016) in the UK, there is potential for the FNP to engage young fathers early on in their parenting journeys. Currently their main focus is vulnerable young women, although fathers are encouraged to be actively involved in the programme.
* FNP Next Steps is using learning from the Randomised Controlled Trial (2015) to improve and adapt the programme. This includes extending eligibility up to age 24 for young mothers with additional vulnerabilities. Fathers will continue to be included but there are no plans to become more explicitly father focused. Given that over two thirds of councils continue to commission FNP this is a missed opportunity.
* Where the FNP has engaged with young fathers, intervention is most effective when a) professionals spend quality time with them and their families and b) when the strengths of the young men are focused on (Ferguson and Gates. 2015).

**Early years support: health visitors and children’s centres**

Guidance for Health Visitors is provided by the 2014 Institute of Health Visiting fact sheet: *Good Practice Points for Health Visitors – Engaging with Fathers*.

Early years settings do not regularly and effectively engage with fathers. Guidance from the All Party Parliamentary Group on Parents and Families and All Party Parliamentary Group on Social Mobility published *The Parliamentary Inquiry into Parenting and Social Mobility: Enhancing parenting support across the UK* in March 2015, stating that:

*The Government should encourage early years services to actively engage fathers by clarifying guidance, promoting activities that are accessible to fathers, and promoting the participation of men in the early years workforce. Specifically, the instigation of a UK-wide “fathers and children” reading campaign to be designed, funded, and promoted, by national government, and implemented by local government.*

Previous government guidance for Children’s Centres included a specific chapter on engaging and supporting fathers. However, there is no explicit mention of fathers in the shorter and most recent guidance, published in 2013: <https://www.gov.uk/government/publications/sure-start-childrens-centres>.

Good Practice example

The Blues Boys, a health visitor-led project in Hull, focuses on paternal postnatal depression and the problems some men encounter when they become fathers. The project aims to raise the profile of paternal postnatal depression in a non-judgmental way and, furthermore, to promote the positive role of fathers during their transition to parenthood. Men go through a multitude of complex changes when they become fathers, making the transition to fatherhood a particularly important, yet vulnerable, time in a man’s life. This project seeks to explore the values and beliefs of practitioners in respect to fathers, and examine how this impacts upon the culture and care delivery within working health visitor practices. The findings from the staff engagement will be taken into account, alongside published research evidence and the expressed issues raised by fathers locally, to identify and introduce some practical approaches to improve engagement with men and promote inclusivity and support.

**Education settings: schools, Further Education and apprenticeships**

Within education setting there are two issues to consider; fathers of children are not being uniformly engaged and there is little consideration of the experiences of fathers in education, apprenticeships and Higher Education.

It is unclear if there is any guidance on routine good practice for addressing letters from schools to both parents. Without an authoritative statement for schools guidance is needed to address this gap.

* Schools: If parents are living apart, schools do not uniformly contact both parents.
* Where there are issues of non-residence there is a need to disaggregate parents into mum and dad, to address letters to both and send to both addresses.
* Data are not routinely collected about teenage fathers in schools yet they are three times more likely to fail to complete.
* Schools and colleges do not regularly engage with both parents particularly when father is non-resident. Letters and communications need to be addressed to both mother and father and sent to both addresses. Typically parent is assumed to refer to the mother.
* In apprenticeships, ‘Care to Learn’ funding doesn’t apply to young fathers.
* Young fathers are only eligible for ‘Care to Learn’ funding if they have the main caring responsibility for their child. In practice, this means that young fathers rarely apply (Dench et al. 2007).
* Low-paid jobs with long hours may be seen as better than training which can have longer-term impacts,
* People working on the NEET agenda are not routinely asking if young men are fathers.
* Young fathers are most likely to be NEET and may be constrained in pursuing a provider role by their youth and lack of education, employment and training skills and opportunities,
* Increased conditionality of benefits is also problematic and the threat of sanctions can destabilise the fragile lives of disadvantaged young fathers and lead to mental and physical health problems.

Where we are we trying to get to?

* Schools and FE colleges need to keep accurate records of both parents (numbers and addresses) and send communications to both parents.
* Routine questions about care responsibilities should be asked when young fathers take on apprenticeships.

Good practice example

* Leeds City Council Children’s Services Department has a specialist-learning mentor who supports teenage fathers in school. Support includes liaison with the father’s family and a range of professionals, and a weekly after school group for young dads where peer support is offered and education issues are addressed. The learning mentor discusses what each young father needs in terms of continuing education, planning a career and support with being a parent.

**Criminal Justice System: Young Offenders and probation**

Guidance

The National Offender Management Service (NOMS) and Department for Business Innovation and Skills have produced guidelines about the importance of family based interventions for reducing interventions. In reality, programmes are most effective when they are delivered by people working in the prison system and when they work with the third and public sector.

* Young offender fathers are often perceived as a ‘risk’ to their children.
* Provision of support for men as fathers, with specific focus on their parenting skills and identities in prison is patchy.
* Fathers of Youth Offending Team (YOT) clients are not being engaged with as effectively as with their mothers. Young people offending often have families that have split up with parents living at different addresses,
* There is also a distinct gap in provision for fathers when they leave custody (Neale and Bulman, 2017).

Where are we trying to get to?

* All men going into custody should be asked routinely if they are fathers and this should be recorded,
* Support in the custody setting needs to be offered to fathers regardless of their contact with a child. Practitioners need to support fathers to be engaged with their children while also remaining aware of constraints, and the wishes of the mother and her family,
* Engagement should include the fathers of YOT clients, as well as mothers,
* Coordinated support for fathers when they leave custody including housing support to enable them to live geographically close to their child. This might be achieved via the provision of one-to-one specialist provision that provides holistic support to fathers in resettlement,
* An end to punitive measures that stop access to children when fathers ‘misbehave’ in custody settings

Good practice examples**:**

* Fatherhood Parenting Programme (Kate Bulman, Oakhill STC),
* Storybook Dads,
* Invisible Wall (Family support),
* Sallyann Ploughman is the Parenting Course Programme Manager at HMYOI Brinsford. Her work, involving a partnership between the National Offender Management Service (NOMS), Staffordshire County Council’s Troubled Families Team and Brinsford, offers a bespoke parenting programme for young men in custody, including intensive one-to-one support and paired-up sessions for participants, together with support for their families, both before and after release.

**Housing provision**

Current guidance and legislation about housing does not recognise young father as parents. According to Shelter, homelessness legislation in England states that councils should consider anyone to be in priority need if they are responsible for dependent children who normally live with them (or would do were accommodation available). Under the DWP Local Housing Allowance Guidance (2014) rules, single people aged under thirty-five who either do not have children or are not primary carers are normally assumed to be living in shared accommodation.

* Housing services are more targeted than mainstream services and are of particular importance to disadvantaged fathers,
* Data about (usually young) fathers are not routinely collected when they are allocated housing. Where young fathers access social housing, this is usually on the basis of their status as a young, single person, rather than as parents
* Fathers who stay with their partner more than three nights a week lose benefit entitlement which can lead some parents to decide not to live together,
* The bedroom tax has particular affects on non-resident fathers whose children may stay irregularly,

Where are we trying to get to?

* Housing officers should record and identify young fathers, allocate housing that is appropriate for children where possible, and offer referrals for additional support needs.
* Provision for young fathers needs to be based on their parental status. Recognition of their support for, and commitment to their children, is currently negligible.

Good practice example**:**

* Leeds Housing Concern: Have a dedicated Men’s Sector that supports homeless men with support needs, including those with mental health, alcohol or drug problems, ex-offenders or refugees. Their minimum age of acceptance is 16 and there are automatic exclusions.

Other areas to be focused on:

**Safeguarding and child protection**

SCRs for decades have evidenced the need to improve engagement with fathers in social care. There have been a number of research projects to explore this. Work carried out in Islington and through the Fatherhood Institute EU funded intervention has shown that change is both feasible and manageable within local authorities without restructuring or increasing existing capacity and resource.

What are we trying to get to?

* Fathers need to be effectively assessed. Where risk is assessed, very often, fathers are pushed out and not engaged with. When there is risk, there is even more reason to engage with fathers.
* Children are placed at increased risk if dangerous fathers are not engaged (e.g. Zanoni et al. 2013); if dad is not engaged with you don’t know what he is up to,
* Shutting out an abusive father pushes the issue underground and it is more likely he will start a new family elsewhere and continue his behaviour,
* Training staff: There is currently no training for social workers to understand gender differences manifesting in differences in how social workers deal with anger; if mother is angry they work with her, if father is angry, they shut them out,
* Many practitioners have the skills but not the confidence to employ them often as a result of an unsupportive workplace and personal anxieties,
* When the working environment understands need to engage with fathers it is more supportive; this indicates the importance of effective supervision and team meetings.

**Domestic abuse**

Domestic abuse is a key area that has been presented as an obstacle by practitioners as a reason to avoid engagement with fathers. Understanding about the importance of not excluding fathers is finally being understood, picked up and promoted by domestic abuse services (e.g. Cheshire without abuse see CWA SEP&ISOL v 2 H 264 1). This is an up and coming area of work and turning the negative into a positive around engaging with fathers in this area of work has the potential to influence all other areas.

Where are we trying to get to?

* Collection of disaggregated data on father and mother from the outset
* Need for effective assessment,
* Early intervention and engagement to find out what is going on
* Support to reduce risks

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